

AO 440 (Rev. 8/01) Summons in a Civil Action

## RETURN OF SERVICE

|   |                   |
|---|-------------------|
| Service of the Summons and complaint was made by me <sup>(1)</sup>  | DATE<br>8-8-05    |
| NAME OF SERVER (PRINT)<br>William F Jaworski JR   | TITLE<br>attorney |
| Check one box below to indicate appropriate method of service   |                   |
| <input type="checkbox"/> Served personally upon the defendant. Place where served: _____<br>_____   |                   |
| <input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.<br>Name of person with whom the summons and complaint were left: _____ |                   |
| <input type="checkbox"/> Returned unexecuted: _____   |                   |
| <input checked="" type="checkbox"/> Other (specify): <u>Certified Mail - # 7004-0750-0002-6494-7564</u><br><u>mailed 8-4-05 received by: Melissa Harrison 8-8-05</u>  |                   |

## STATEMENT OF SERVICE FEES

|        |          |       |
|--------|----------|-------|
| TRAVEL | SERVICES | TOTAL |
|--------|----------|-------|

## DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

Date

8/26/05

Signature of Server

Address of Server

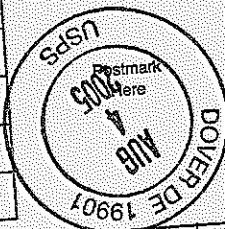
William Jaworski, LLC  
 1274 S. Governors Ave.  
 Dover, DE 19904

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

|  |         |
|--|---------|
| Postage  | \$ 10.6 |
| Certified Fee                                  | 230     |
| Return Receipt Fee (Endorsement Required)      | 175     |
| Restricted Delivery Fee (Endorsement Required) |         |
| Total Postage & Fees                           | \$ 5.4  |



Sent To: The Honorable Colm F Connolly  
 Street, Apt. No., or PO Box No.: 1007 Orange St Suite 700  
 City, State, ZIP+4: Wilmington, DE 19899  
 PS Form 3800, June 2002

## COMPLETE THIS SECTION

Items 1, 2, and 3. Also complete Restricted Delivery if desired. Same and address on the reverse can return the card to you. Mark to the back of the mailpiece, if space permits.

Send to:

The Honorable Colm F Connolly  
 US Attorney's Office/Dist Del  
 1007 Orange St, Suite 700  
 PO Box 2046  
 Wilmington, DE 19899-2046

## COMPLETE THIS SECTION ON DELIVERY

|   |  |
|---|--|
| A. Signature<br><i>Melissa Harrison</i>   | <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee |
| B. Received by (Printed Name)<br>Melissa Harrison   | C. Date of Delivery<br>8/8/05  |
| D. Is delivery address different from item 12? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No  |  |
| 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |  |
| 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes  |  |

(1) As to who may serve a summons see Rule 4 of the

2. Article Number

(Transfer from service label)

7004 0750 0002 6494 7564

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540